

Wisconsin Estate Tax Return

For Estates of Resident and Nonresident Decedents when

For Department Use Only								
Auditor Number			TO VAL					
7AU	110P	120P						
	11CI	12CI						

** / 00	Date of Death	ate of Death is on or after October 1, 2002 through December 31, 2004					8AU 11CL 12CL		
Estate of	of			Date of death	Date of birth	Social securit	y number		
Address of decedent at date of death						Estate federal	I ID number (EIN)		
City	State Zip code			County		First name of	First name of surviving spouse		
Vill a closing certificate for fiduciaries be needed to clo vith the circuit court? Yes No			se the estate	Type of proceeding	Probate case	Probate case number			
			copy of Fe	deral Estate	Tax Return –	Form 706.			
PO Box 890	epartment of		3			r hearing-imp	aired people with		
Madison WI	53708-8904				TDD equipn	nent: (608)	267-1049		
COMPUTATION OF	1 Total state death credit (Lesser of line 5 or line 13, Sch TC, Tax Computation Schedule)								
WISCONSIN ESTATE TAX	4 Percent of property in Wisconsin (line 2 divided by line 3)					4	. %		
INTEREST AND PENALTY	7 Penalty (se	e instruct	ions)REST AND PE	NALTY (line 5 p	(see instructions)	7			
TAX DUE OR REFUND	10 If line 9 is I	ess than	line 8, subtract	line 9 from line	8 Balance Du	ue 10			
I declare that I have no been examined by me than the person filing t	nade a diligent e and is to the his return, the p	and care best of m reparer's	ful search for p ny knowledge,	oroperty of eve true, correct a aration is based	ry kind owned by t nd complete. If thi on all information of for this est	the decedent, is return is pre of which he or	n signing Form W706. and that this return has pared by anyone other she has any knowledge.		
Name				Address (street,	city, state, zip code)				
SIGN HERE			Designation	Date	Telephone nu	mber			
Person preparing the	return (individ	ual and fi	rm) if other tha		ng signer. sity, state, zip code)				
SIGN HERE					Date	Telephone nu	mber		

Name of individual or firm	Attn or c/o		
Address	City	State	Zip code